Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

		CLAII	MS AS	FILED -	PAF	RT I		9	SMALL I	ENTITY		OTHER	THAN
FOR			(Column 1)			(Column 2)		, 1	TYPE		OR	SMALL	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE] [RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			35 minus 20=		20=	. 18			X\$ 9=		OR	X\$18= 2	2000
INDEPENDENT CLAIMS			3	minus	3 =	.			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	L	TOTAL		OR	TOTAL	J40.00	
CLAIMS AS AMENDED - PART II												OTHER	THAN
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							; 	SMALL		OR	SMALL	ENTITY	
AMENDMENT A		REMA AF	AIMS AINING TER DMENT		PF	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE
	Total	· 2	23	Minus	**	35	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESEI	* Z	N OF MI	Minus	PEND	ENT CLAIM]= /		X39=		OR	X78=/	
	1.1.01.1.1.002.					CIVI OCANI		•	+130=		OR	+260=	
			٠					با	TOTAL DDIT. FEE	1	OR	TOTAL ADDIT. FEE	-
			ımn 1)			olumn 2)	(Column 3)		DD11.1 EE 1			/	
ENT B		CLA REMA	IMN 1) AIMS AINING TER DMENT		PF	Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT B	Total	CLA REMA	AIMS AINING TER	Minus	PF	HIGHEST NUMBER REVIOUSLY	PRESENT			TIONAL	OR	/ ·	TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI	AIMS AINING TER DMENT	Minus Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT B	· · · · · · · · · · · · · · · · · · ·	CLA REMA AF AMENI	AIMS AINING TER DMENT	Minus Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9=	TIONAL	OR OR	RATE X\$18=	TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI	AIMS AINING TER DMENT	Minus Minus	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE X\$ 9= X39= +130= TOTAL	TIONAL	OR OR	RATE X\$18= X78= +260= TOTAL	TIONAL
AMENDMENT B	Independent	CLA REMA AF AMENI * *	AIMS AINING TER DMENT N OF MU	Minus Minus	PENC	HIGHEST NUMBER REVIOUSLY PAID FOR DENT CLAIM	PRESENT EXTRA		RATE X\$ 9= X39= +130=	TIONAL	OR OR	RATE X\$18= X78= +260=	TIONAL
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	Independent FIRST PRESE	CLA REMA AF AMENI * * NTATIO	IMS AINING TER DMENT N OF MU AIMS AINING TER	Minus Minus JLTIPLE DE	PENC	COLUMN 2) HIGHEST PAID FOR COLUMN 2) HIGHEST NUMBER REVIOUSLY	PRESENT EXTRA = = (Column 3) PRESENT EXTRA	A	RATE X\$ 9= X39= +130= TOTAL DDIT. FEE	ADDI- TIONAL	OR OR	RATE X\$18= X78= +260= TOTAL ADDIT. FEE	ADDI- TIONAL
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